

Midlands Area On Call Manager Pack

In Support of:

BAU

Escalation

Business Continuity

Major Incident

1. Document Control

1.1. Document Approval

Document Control Sheet Title:	Midlands Area – On Call Manager Pack
Electronic File Name (if different from above):	N/A
Approval Level:	Midlands Area SMT
Dissemination Date:	Midlands Area On Call Managers
Implementation Date:	1 September 2021
Method of Dissemination:	Area Operations Manager - Midlands
Distribution:	Midlands Area on Call Managers Midlands Area Clinical Managers Midlands Area Operational Managers
Essential Reading for:	Midlands Area on Call Managers
Author(s) (name and post):	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
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	[REDACTED] [REDACTED]
Version No:	V2.1
Supersedes:	V2.0
Summary of Changes from Previous Version:	Updated to reflect changes post integration
Approval Date:	27/08/2021
Review Date:	23/08/2021
Next Review Date:	31/03/2022

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2. Contact List

North Region Triumvirate	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Area SMT - Midlands	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Operations Management Team	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Clinical Management Team	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Medical Management Team	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
UCD Executive Team	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
UCD National Team	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

UCD On Call Managers	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Operational Bases	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Emergency Contact Numbers	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]
Digital	
[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Facilities	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Health Economy Partners	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

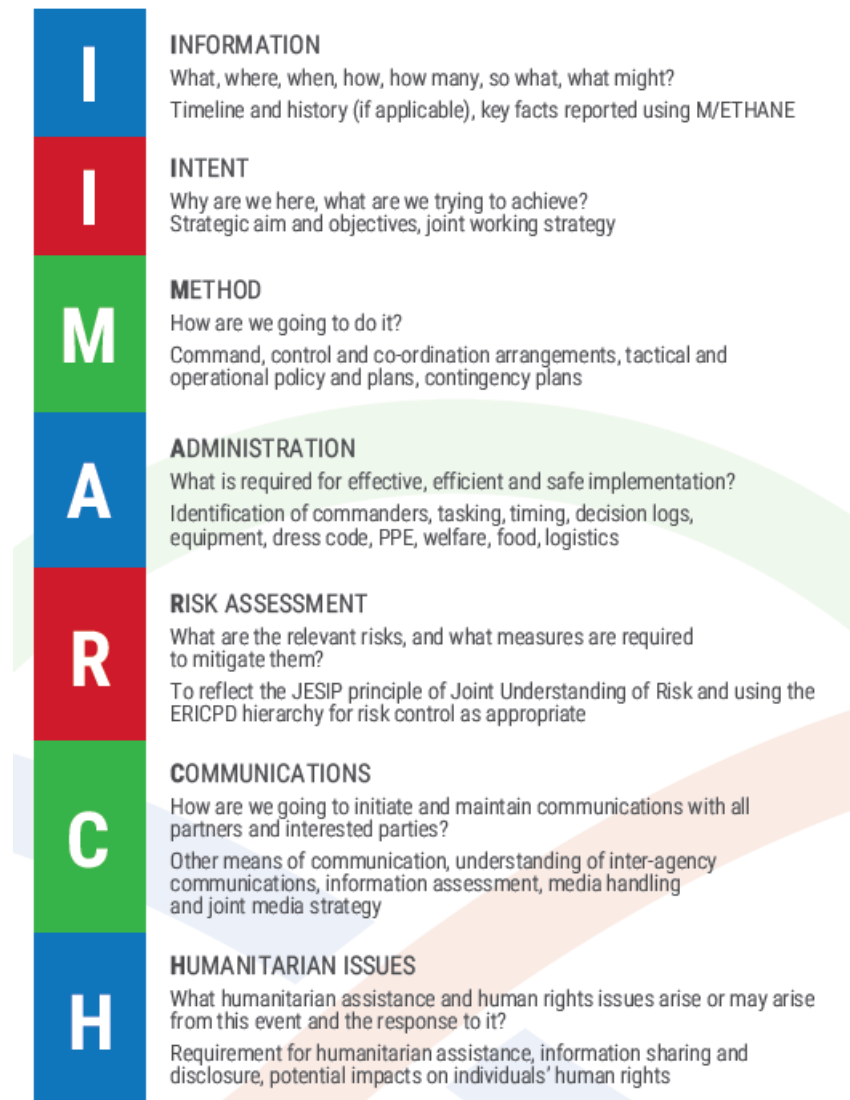
3. JESIP Templates

3.1. METHANE Aid Memoir

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)
E	EXACT LOCATION	What is the exact location or geographical area of the incident?
T	TYPE OF INCIDENT	What kind of incident is it?
H	HAZARDS	What hazards or potential hazards can be identified?
A	ACCESS	What are the best routes for access and egress?
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?
E	EMERGENCY SERVICES	Which and how many, emergency responder assets/personnel are required or are already on-scene?

3.2. IIMARCH Aid Memoir

IIMARCH



3.3. Joint Decision Model (JDM)

Joint Decision Model



3.4. Decision Controls Aid Memoir

Decision Controls

A) WHY ARE WE DOING THIS?	<p>What goals are linked to this decision?</p> <p>What is the rationale, and is that jointly agreed?</p> <p>Does it support working together, saving lives and reducing harm?</p>
B) WHAT DO WE THINK WILL HAPPEN?	<p>What is the likely outcome of the action; in particular what is the impact on the objective and other activities?</p> <p>How will the incident change as a result of these actions, what outcomes do we expect?</p>
C) IN LIGHT OF THESE CONSIDERATIONS, IS THE BENEFIT PROPORTIONAL TO THE RISK?	<p>Do the benefits of proposed actions justify the risks that would be accepted?</p>
D) DO WE HAVE A COMMON UNDERSTANDING AND POSITION ON:	<p>The situation, its likely consequences and potential outcomes?</p> <p>The available information, critical uncertainties and key assumptions?</p> <p>Terminology and measures being used by all those involved in the response?</p> <p>Individual agency working practices related to a joint response?</p> <p>Conclusions drawn and communications made?</p>
E) AS AN INDIVIDUAL:	<p>Is the collective decision in line with my professional judgement and experience?</p> <p>Have we (as individuals and as a team) reviewed the decision with critical rigour?</p> <p>Are we (as individuals and as a team) content that this decision is the best practicable solution?</p>

3.5. Joint Understanding of Risk Principles

Joint Understanding of Risks

IDENTIFY HAZARDS	This begins with the initial call to a control room and continues as first responders arrive on scene. Information gathered by individual agencies should be disseminated to all first responders, control rooms and partner agencies effectively.
CARRY OUT A DYNAMIC RISK ASSESSMENT (DRA)	Individual agencies carry out dynamic risk assessments, reflecting the tasks/objectives to be achieved, the hazards identified and the likelihood of harm from those hazards. The results should then be shared with any other agencies involved.
IDENTIFY TASKS	Each individual agency should identify and consider their specific tasks, according to their role and responsibilities. These tasks should then be assessed in the context of the incident.
APPLY RISK CONTROL MEASURES	Each agency should consider and apply appropriate control measures to ensure any risk is as low as reasonably practicable. The 'ERICPD' mnemonic may help in agreeing a co-ordinated approach with a hierarchy of risk control measures: Eliminate, Reduce, Isolate, Control, Personal Protective Equipment, Discipline.
HAVE AN INTEGRATED MULTI-AGENCY OPERATIONAL RESPONSE PLAN	The outcomes of the hazard assessments and risk assessments should be considered when developing this plan, within the context of the agreed priorities for the incident. If the activity of one agency creates hazards for a partner agency, a solution must be implemented to reduce the risk to as low as reasonably practicable.
RECORD DECISIONS	The outcomes of the joint assessment of risk should be recorded, together with the jointly agreed priorities and the agreed multi-agency response plan, when resources permit. This may not be possible in the early stages of the incident, but post-incident scrutiny focuses on the earliest decision making.

3.6. Business Continuity

Business Continuity: Refer to pages 49-88 of the EPRR Plan

Staffordshire Community Risk Register: Refer to page 120 of the EPRR Plan and below.

Business Continuity Planning enables the organisation to respond to a range of scenarios that disrupt service delivery. In summary our Business Continuity Planning reflects the principles of:

- The UK Civil Contingencies Secretariat, Joint Emergency Services Interoperability Programme¹ (JESIP), 2012.
- The Civil Contingencies Act 2004
- The NHS Standard Contract 2017/18
- ISO 22301:2019

3.6.1. Types of Business Continuity incidents include, but are not limited to:

Loss of equipment

Loss or failure of IT

Adastra failure

Telecommunications failure

Loss of staff

Loss of power

Loss of water supply

Loss of medical gas

Denial of site/access, including fuel, and structural damage

Fuel restrictions, including Fuel Estimates for use under operation of the National Emergency Plan – Fuel (NEP-F)

Flooding

Evacuation

Supply chain disruption

Extreme weather

3.6.2. Staffordshire Community Risk Register

<https://www.staffordshireprepared.gov.uk/Preparing-yourself/Staffordshire-Community-Risk-Register-Jun-2021-Public.pdf>

¹ <http://www.jesip.org.uk/home>

3.6.3. Business Continuity: Incident Impact Analysis and Default Recovery Time Objectives



The purpose of this framework is to guide incident managers and local plans as to which areas are **critical by priority order** and what are the **key issues** within those areas. The focus should be on the **safety of patients and staff** and based upon **risk assessment**.

ESSENTIAL Activities Class 0 MPTD² / RTO: Now Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services	HIGH PRIORITY Activities Class A MPTD / RTO: 24hrs Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue.	MEDIUM PRIORITY Activities Class B MPTD / RTO: 48hrs Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	LOW PRIORITY Activities Class C MPTD / RTO: 72hrs+ Activities that could be delayed for 72 hours or more <i>but are required</i> in order to return to normal operation conditions and alleviate further disruption to normal conditions.
List activities - Complete Electrical outage including generator failure - Serious environmental incident <ul style="list-style-type: none"> • Fire • No water supply • Gas Leak • Bomb Threat • Severe Weather • Flood - Clinical and operational staffing resources 50% below minimum requirements - Major local incident requiring support to the wider health economy and CCG's that would impact on Vocare capacity to provide expected contractual service requirements - Fuel Shortage contingency. - Any condition which has reduced the capacity to provide expected service delivery levels and may have the potential deescalate to code Amber	List activities - Full Adastral outage with no access to systems - Full Telephone outage - unable to receive or make calls - Service pressures on local primary and emergency care providers – ie A&E on Level 4 escalation and are diverting patients away to alternative services - Disruption to medicine supplies – i.e. limited supplies of palliative care drugs - Clinical Resources 25% below minimum staffing. - Any condition which has reduced the capacity to provide expected service delivery levels and may have the potential to escalate to code red or deescalate to code Yellow	List activities - Partial Adastral failure – outage at specific sites but not the whole service - Partial Telephone Outage – i.e. unable to make outgoing calls but are still receiving incoming calls - Laptop Failure: faulty components, loss of signal - False Fire Evacuation - Post event messaging system failure - Public Health Outbreaks - Supportive measures for other healthcare providers in the locality ie increased referral activity from community services due to staffing issues. - Any condition which has reduced the capacity to provide expected service delivery levels and may have the potential to escalate to code Amber or deescalate to code Green	List activities - No Prescriptions - Limited Medication access - Operational Absence - Any condition which has reduced the capacity to provide expected service delivery levels and may have the potential to escalate to code Yellow

² Time target and priority indicator: Maximum Tolerable Period of Disruption

4. Service Escalation Plan – Staffordshire OOH – EMS (OPEL)

4.1. Staffordshire OOH Services EMS (OPEL)

VOCARE Staffordshire OOH				
TRIGGER POINTS FOR OPEL CLINICAL ESCALATION AND ACTIVITIES				
OPEL STATUS 	EMS (OPEL) 1	EMS (OPEL) 2	EMS (OPEL) 3	EMS (OPEL) 4
PATHWAY STEP 	Normal	Pressure	Severe Pressure	Potential Service Failure
TELEPHONE TRIAGE DEFENITIONS	Less than 5 patients in the triage queue	6 - 15 patients the triage queue	16 - 25 patients the triage queue	>25 patients in the triage queue

<p>TELEPHONE TRIAGE ACTIONS</p>	<p>Dispatcher</p> <ul style="list-style-type: none"> Monitors Adastra activity and patient flow. This includes Triage, Home Visit and Centre Visit Queues. Inform the Ops Manager or Clinical Shift Leader when queue building towards Amber definition <p>Telephone Triage Clinician</p> <ul style="list-style-type: none"> Assess patients in order of queue arrival and within the specified time unless an obvious clinical priority presents. This is estimated at a rate of 4-5 telephone triage patients /hr. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Maintains a general awareness of the live situation and liaises with the clinicians as required. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 <p>Telephone Triage Clinician</p> <ul style="list-style-type: none"> As OPEL 1 Maintains close liaison with the Dispatcher & Team Leader/Ops Manager to provide mutual support in managing queues and clinical risk. Escalates to the Team Leader/Ops manager when the Triage queue >6 patients waiting. Prioritise patients who are likely to require ED referral i.e. chest pain, abdominal pain, breathing problems, UTC exclusion criteria etc. Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Enhance awareness and liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Reviews the situation at least hourly. Adjusts break times to manage period of surge. Assess options for shifting staff resources from other areas of the service for a short period to resolve the queue and lower the risk. Requests additional Triage resource from within the service if the triage queue. Support the Dispatcher in undertaking comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 & 2 <p>Telephone Triage Clinician</p> <ul style="list-style-type: none"> As OPEL 1& 2 Maintains close liaison with the Dispatcher & Team Leader/Ops Manager to provide mutual support in managing queues and clinical risk. Escalates to the Team Leader/Ops manager when the Triage queue >6 patients waiting. Prioritise patients who are likely to require ED referral i.e. chest pain, abdominal pain, breathing problems, UTC exclusion criteria etc. Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Continuous awareness and active management of the situation. Constant liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Assess options for shifting staff resources and requesting mutual aid from other Vocare services for a defined period to resolve the queue and lower the risk. If OPEL 3 persists for >2hrs, contact Vocare Silver on-call to advise of the situation. Support the Dispatcher in undertaking comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. 	<p>As before and in addition:</p> <p>Dispatcher</p> <ul style="list-style-type: none"> Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Contact Clinical staff to see if any additional hours can be secured if requested by the Ops manager/Team Leader. <p>Telephone Triage Clinician</p> <ul style="list-style-type: none"> Clinical leads to review the triage queue to assess which patients can be referred directly to the ED or UTC where clinical condition warrants. Informs Vocare Silver on-call On call national management to keep in close contact over the situation and where appropriate to consider allocation of resources available locally e.g. clinical staff living proximity to the facilities to assist the service. to clear backlog <p>Team Leader/Ops Manager:</p> <ul style="list-style-type: none"> Contact Clinical staff to see if any additional hours can be secured. Additional clinical hours to be requested from clinicians on shift (where this is required). Support the Dispatcher in undertaking comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Clinical Shift Leader. Supports the service by acting as a conduit and establishing liaison with NHS 111, CCG Ops Room and other partners.

			<ul style="list-style-type: none"> Contacts Vocare Silver on-call to advise of situation and liaise if OPEL remains 3 for 3-consecutive hours. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Team Leader/Operational Manager Considers potential/future options of support from other Vocare services if the OPEL is not predicted to de-escalate. 	
HOME VISIT DEFINITIONS	<p>< 5 patients in the Home Visit queue</p> <p>And/or</p> <p>Activity in line with projections.</p> <p>And/or</p> <p>Patients of all Triage dispositions are receiving consultation within the target times</p>	<p>6 -10 patients in the Home Visit queue</p> <p>And/or</p> <p>Activity above projections and risk to breaches is identified.</p> <p>And/or</p> <p>Patients of all Triage dispositions are receiving consultation not >30 min of target times, but this is requiring active management of the patient queue and patients of a low priority are at risk of experiencing delays.</p> <p>And/Or</p> <p>The achievement of the overall KPI's is requiring significant active management of the situation</p>	<p>10 -15 patients in the Home Visit queue</p> <p>And/or</p> <p>Activity is well above projections, and it is expected to breach some cases currently waiting.</p> <p>And/or</p> <p>Patients of all Triage disposition are not being seen within the target time but not >1hr of the target time. This is requiring constant management of the patient queue and patients of a low priority are experiencing significant delays with little prospect of resolving delays.</p> <p>And/Or</p> <p>The achievement of the overall KPI's is not being achieved despite significant active management of the situation</p>	<p>>15 patients in the Home Visit queue</p> <p>And/or</p> <p>Activity is well above projections and expected to breach all cases currently waiting.</p> <p>And/or</p> <p>Patients with a medium/high Triage score are not being safely seen within the required timescales with no signs of being able to de-escalate.</p> <p>And/or</p> <p>The achievement of the overall KPI's is not being achieved despite significant active management of the situation and showing no signs of being able to de-escalate</p>

<p>HOME VISIT</p> <p>ACTIONS</p>	<p>Dispatcher</p> <ul style="list-style-type: none"> Monitors Adastra activity and patient flow. This includes Triage, Home Visit and Centre Visit Queues. Inform the Ops Manager or Clinical Shift Leader when queue building towards Amber definition Hold Service Planning/Touchpoint calls at planned times. 			<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 & 2 & 3
	<p>Clinicians</p> <ul style="list-style-type: none"> Continue to see patients largely in time order, taking into account any clinical priorities. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. Maintains Home Visit productivity nominally calculated as 1 case per hr. <p>Team Leader/Ops Manager:</p> <ul style="list-style-type: none"> Maintains a general awareness of the current status of the service and any individual clinical concerns, supporting where required. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1, plus: Maintains additional liaison with the Operational shift lead so that patients can be updated with the latest waiting times and general situation. Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Alerts the Clinical Lead of delays. Hold Service Planning/Touchpoint calls at planned times. Consider additional calls as situation and predicted escalation dictates. <p>Clinicians:</p> <ul style="list-style-type: none"> Largely see Home Visit patients in time order but increased adjustment to ensure patients are seen within their Triage waiting time or other clinical priorities as they arise. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Supports clinicians where necessary in adjusting clinical priorities. Enhance awareness and liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Reviews the situation at least hourly. Adjusts break times to manage period of surge. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 & 2 Continues liaison with the Clinical Lead of delays. Observes the patients in the waiting room within the boundaries of Recognition of Unwell patient training & reports to clinician shift leader as required. Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Hold Service Planning/Touchpoint calls at planned times. Undertake additional calls as situation and predicted escalation dictates. <p>Clinicians:</p> <ul style="list-style-type: none"> Continue to see patients as quickly and safely as possible. Emphasis on ensuring patients are seen within their Triage waiting time or other clinical priorities as they arise rather than the total waiting time for lower priority patients. Largely see Home Visit patients in time order but increased adjustment to ensure patients are seen within their Triage waiting time or other clinical priorities as they arise. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Supports clinicians in adjusting clinical priorities. 	<p>Clinicians:</p> <ul style="list-style-type: none"> In liaison with the Dispatcher/Ops Manager, ensure that patients with high/medium triage categories are given priority over waiting time considerations for less ill patients. Nominated clinician to perform re-triage assessment for patients who have been waiting >3hrs or who's condition is alerted by the Dispatcher/Ops Manager or other members of the team. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> As OPEL 1,2,3. Supports clinicians in adjusting clinical priorities and ensuring that patients with high/medium triage categories are given priority over waiting time considerations for less ill patients. Identify options for re-triage assessment for patients who have been waiting >3hrs of who's condition is alerted by the Dispatcher, Ops Manager, or other members of the team. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Clinical Shift Leader. Supports the Dispatcher/Ops Manager by acting as a conduit and establishing liaison with the CCG Ops Room and other partners. Contact Vocare Clinical on-call to obtain clinical support in decision making and potential deployment of Clinical On-call to support telephone queues.

	<ul style="list-style-type: none"> Hold Service Planning/Touchpoint calls at planned times. 	<ul style="list-style-type: none"> Assess options for shifting staff resources from other areas of the service for a short period to resolve the queue and lower the risk. Identifies options for additional Home Visit resource from other Vocare services to proactively manage the situation or in anticipation of further escalation. Identifies options for boundary adjustment with other Vocare services to proactively manage the situation or in anticipation of further escalation. Support the Dispatcher in undertaking comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Hold Service Planning/Touchpoint calls at planned times. Consider additional calls as situation and predicted escalation dictates. 	<ul style="list-style-type: none"> Contacts Vocare Silver on-call to advise of situation and liaise if OPEL remains 3 for 3-consecutive hours. Supports clinicians where necessary in adjusting clinical priorities. Enhance awareness and liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Reviews the situation at least hourly. Adjusts break times to manage period of surge. Assess options for shifting staff resources from other areas of the service for a short period to resolve the queue and lower the risk. Identifies options for additional Home Visit resource from other Vocare services to proactively manage the situation or in anticipation of further escalation. Identifies options for boundary adjustment with other Vocare services to proactively manage the situation or in anticipation of further escalation. Support the Dispatcher in undertaking comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Hold Service Planning/Touchpoint calls at planned times. Undertake additional calls as situation and predicted escalation dictates. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Team Leader/Operational Manager Considers potential/future options of support from other Vocare services if the OPEL is not predicted to de-escalate. 	<p>Vocare Clinical On-call</p> <ul style="list-style-type: none"> Support decision making by offering clinical perspective and reviewing the clinical queues. Supports telephone queues if levels of support being offered to other services allows.
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<p>CENTRE VISITS (OOH Triage & 111 patients)</p> <p>DEFENITIONS</p>	<p>Patients being seen within appointment time</p>	<p>Patients being seen <1/2hr following appointment time</p>	<p>Patients being seen between 1/2hr - 1hr following appointment time</p>	<p>Patients being seen <1hr following appointment time</p>
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<p>CENTRE VISITS</p> <p>ACTIONS</p>	<p>Dispatcher</p> <ul style="list-style-type: none"> Monitors Adastra activity and patient flow. This includes Triage, Home Visit and Centre Visit Queues. Inform the Ops Manager or Clinical Shift Leader when queue building towards Amber definition. Hold Service Planning/Touchpoint calls at planned times. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1, plus: Maintains additional liaison with the Operational shift lead so that patients can be updated with the latest waiting times and general situation. Alerts the Clinicians & Ops Manager of delays. Hold Service Planning/Touchpoint calls at planned times. Consider additional calls as situation and predicted escalation dictates. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 & 2 Continues liaison with the Clinical Lead of delays. Observes the patients in the waiting room within the boundaries of Recognition of Unwell patient training & reports to clinician shift leader as required. Undertake comfort calls to each patient in the queue 30 minutes prior to breach time and then hourly. Hold Service Planning/Touchpoint calls at planned times. Undertake additional calls as situation and predicted escalation dictates. 	<p>Dispatcher</p> <ul style="list-style-type: none"> As OPEL 1 & 2 & 3
	<p>Driver/Receptionist</p> <ul style="list-style-type: none"> Observes the patients in the waiting room within the boundaries of Recognition of Unwell patient training & reports to clinician as required. <p>Clinicians</p> <ul style="list-style-type: none"> Continue to see patients largely in time order, taking into account any clinical priorities. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. Maintains Centre Visit productivity nominally calculated as 4 cases per hr. 	<p>Driver/Receptionist</p> <ul style="list-style-type: none"> Observes the patients in the waiting room within the boundaries of Recognition of Unwell patient training & reports to clinician as required. <p>Clinicians</p> <ul style="list-style-type: none"> As OPEL 1, plus; Largely see Centre Visit patients in time order but increased adjustment to ensure patients are seen within their Triage waiting time or other clinical priorities as they arise. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. 	<p>Driver/Receptionist</p> <ul style="list-style-type: none"> Observes the patients in the waiting room within the boundaries of Recognition of Unwell patient training & reports to clinician as required. <p>Clinicians</p> <ul style="list-style-type: none"> As OPEL 1 & 2, plus; Continue to see patients as quickly and safely as possible. Emphasis on ensuring patients are seen within their Triage waiting time or other clinical priorities as they arise rather than the total waiting time for lower priority patients. Largely see Centre Visit patients in time order but increased adjustment to ensure patients are seen within their Triage waiting time or other clinical priorities as they arise. All adjustments to be mutually agreed with Dispatcher or Service Manager as appropriate. 	<p>Clinicians</p> <ul style="list-style-type: none"> As OPEL 1,2,3, plus; In liaison with the Dispatcher/Ops Manager, ensure that patients with high/medium triage categories are given priority over waiting time considerations for less ill patients. Nominated clinician to perform re-triage assessment for patients who have been waiting >3hrs or who's condition is alerted by the Dispatcher/Ops Manager or other members of the team. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> As OPEL 1,2,3. Supports clinicians in adjusting clinical priorities and ensuring that patients with high/medium triage categories are given priority over waiting time considerations for less ill patients. Identify options for re-triage assessment for patients who have been waiting >3hrs of who's condition is alerted by the Dispatcher, Ops Manager, or other members of the team. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Clinical Shift Leader. Supports the Dispatcher/Ops Manager by acting as a conduit and establishing liaison with the CCG Ops Room and other partners.

	<p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Maintains a general awareness of the current status of the service and any individual clinical concerns, supporting where required. Hold Service Planning/Touchpoint calls at planned times. 	<p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> As OPEL 1, plus; Supports clinicians where necessary in adjusting clinical priorities. Enhance awareness and liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Reviews the situation at least hourly. Adjusts break times to manage period of surge. Assess options for shifting staff resources from other areas of the service for a short period to resolve the queue and lower the risk. Identifies options for additional Centre Visit resource from other Vocare services to proactively manage the situation or in anticipation of further escalation. Identifies options for boundary adjustment with other Vocare services to proactively manage the situation by offering patients appointments at alternative Vocare centres. Hold Service Planning/Touchpoint calls at planned times. Consider additional calls as situation and predicted escalation dictates. 	<p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> As OPEL 1 & 2, plus; Supports clinicians in adjusting clinical priorities. Contacts Vocare Silver on-call to advise of situation and liaise. Supports clinicians where necessary in adjusting clinical priorities. Enhance awareness and liaison with the Triage Clinician, Home Visit & Centre Visit Clinicians. Reviews the situation at least hourly. Adjusts break times to manage period of surge. Assess options for shifting staff resources from other areas of the service for a short period to resolve the queue and lower the risk. Identifies options for additional Home Visit resource from other Vocare services to proactively manage the situation or in anticipation of further escalation. Identifies options for boundary adjustment with other Vocare services to proactively manage the situation by offering patients appointments at alternative Vocare centres. Hold Service Planning/Touchpoint calls at planned times. Undertake additional calls as situation and predicted escalation dictates. Suspends availability of 111 direct booking for a period of 2-hrs then reviews. <p>Vocare Silver on-call</p> <ul style="list-style-type: none"> Agree next review update time with Team Leader/Operational Manager Considers potential/future options of support from other Vocare services if the OPEL is not predicted to de-escalate. 	<ul style="list-style-type: none"> Contact Vocare Clinical on-call to obtain clinical support in decision making and potential deployment of Clinical On-call to support telephone queues. <p>Vocare Clinical On-call</p> <ul style="list-style-type: none"> Support decision making by offering clinical perspective and reviewing the clinical queues. Supports telephone queues if levels of support being offered to other services allows.
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STAFFING LEVELS				
DEFINITION				
OPEL in this domain to be determined by predicted staffing levels in addition to actual	Staffing levels in line with projections.	Staffing levels 20% less than projections after shrinkage i.e. a temporary gap in staffing that is not expected to impact greatly on service provision.	Staffing levels 40% less than projections i.e. a gap in staffing that is expected to impact on service provision and meeting targets.	Staffing levels 60% less than projections i.e. an extended gap in staffing that will impact on service provision.

STAFFING LEVELS	OPEL actions in this domain to be determined by predicted staffing levels in addition to actual			
ACTIONS	<p>Dispatcher</p> <ul style="list-style-type: none"> Monitor Adastra activity and patient flow across Telephone Triage, Home Visits & Centre visits. <p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Monitors staffing levels & shift fill for future shifts (generally within the next 7-days and alerts either the Rota Leader/Ops Manager of any potential challenges or requests other team members contact staff if during a period when the Rota Team are not working. <p>Clinicians</p>	<p>Team Leader/Ops Manager</p> <ul style="list-style-type: none"> Monitor activity and considers if additional resources need to be brought in. Contacts Deputy ED/UTC General Managers or Service Managers in hours to advise that there is a delay Advises Streaming clinicians of delays so that patient expectations are managed, to manage suitable patients with see and treat (where this is possible), so that those patients with higher acuity needs (and therefore more likely to require referral back into the hospital) are prioritized Paediatric and cases marked 'Urgent' should be prioritised 	<p>Dispatcher</p> <p>Team Leader/Ops Manager</p> <p>Clinicians</p> <ul style="list-style-type: none"> To bring in additional clinical resources and or ask clinicians due to start or finish a shift to add additional hours to manage demand. All appointments should be blocked from NHS 111 use and the DoS capacity updated to Amber. <p>Clinical Shift Lead</p> <ul style="list-style-type: none"> Inform Vocare Silver on call as soon as potential/actual predicted staffing levels are insufficient. Is capacity to refer patients to other centers, noting that this would need discussion with commissioners? Alerts Vocare Operations on Call. Assumes command & control of the situation in the unit. <p>Vocare Silver On-call</p> <ul style="list-style-type: none"> Gives primacy to patient safety when making decisions around procuring extra staffing resources. Supports the Clinical Shift Lead by Liaising with the CCG Ops Room/Manager on Call to identify if there is capacity at other nearby centres. 	<p>Ops Manager/Clinical Shift Lead:</p> <ul style="list-style-type: none"> Continues to explore all options to bring in additional clinical resources and or ask clinicians due to start or finish a shift to add additional hours to manage demand. All appointments should be blocked from NHS 111 use and the DoS capacity updated for an agreed period that is reviewed every 2-hrs <p>Clinical Shift Lead</p> <ul style="list-style-type: none"> Maintains close liaison with Vocare Silver on-call Maintains command & Control of the situation in the unit. <p>Vocare Silver On-call</p> <ul style="list-style-type: none"> As OPEL 3 Maintains close contact and provides Sitrep & plans with CCG Manager/Ops Room/ Acute Trust Clinical Site Manager, NHS 111

OVERALL OPEL STATUS				
DEFINTION	All domains are OPEL 1 or a maximum of x1 domain other than Triage domain is OPEL 2	<p>The Triage domain is at OPEL 2</p> <p>or</p> <p>The Home Visit and/or Centre Visit domain is at OPEL 2</p> <p>or</p> <p>Any combination of 2 domains are at OPEL 2 (or OPEL 3 for domains where OPEL 2 doesn't apply)</p>	<p>The Triage domain is at OPEL 3</p> <p>or</p> <p>The Home Visit and/or Centre Visit domain is at OPEL 3</p> <p>or</p> <p>Any combination of 2 domains are at OPEL 3</p>	The Streaming & Triage domain <i>and</i> the Home Visit and Centre Visit domains are at OPEL 4.

OVERALL OPEL STATUS			Ensure All Actions for OPEL 3 are delivered for all OPEL domains.	Ensure All Actions for OPEL 3 & 4 are delivered for all OPEL domains and reviewed at least every 30min.
ACTIONS	Ensure All Actions as per the relevant OPEL Domain	Ensure All Actions as per the relevant OPEL Domain	<p>Clinical Shift Lead/Ops Manager</p> <ul style="list-style-type: none"> Inform Vocare Silver on call as soon as potential/actual predicted staffing levels are insufficient. Alerts Vocare Operations on Call. Enquire if there is potential to refer patients to other centres, noting that this would need discussion with commissioners. Utilise the 111 Dos in support of diverting patients. Assumes command & control of the situation in the unit. <p>Vocare Silver On-call</p> <ul style="list-style-type: none"> Gives primacy to patient safety when making decisions around procuring extra staffing resources. Supports the Clinical Shift Lead by Liaising with the CCG Ops Room/Manager on Call to identify if there is capacity at other nearby centres. 	<p>Manager/ Receptionist/Clinical Shift Lead:</p> <ul style="list-style-type: none"> Continues to explore all options to bring in additional clinical resources and or ask clinicians due to start or finish a shift to add additional hours to manage demand. All appointments should be blocked from NHS 111 use and the DoS capacity updated for an agreed period that is reviewed every 2-hrs. Actively seek to refer patients to services, noting that this would need discussion with commissioners. Utilise the 111 Dos in support of diverting patients. <p>Clinical Shift Lead</p> <ul style="list-style-type: none"> Maintains close liaison with Vocare Silver o-call Maintains command & Control of the situation in the unit. <p>Vocare Silver On-call</p> <ul style="list-style-type: none"> As OPEL 3 Maintains close contact and provides Sitrep & plans with CCG Manager/Ops Room/ ED or Acute Trust Clinical Site Manager Site Manager, NHS 111

5. Site Action Card

5.1. Staffordshire House

STAFFORDSHIRE HOUSE	AC-01
IN THE EVENT OF AN INCIDENT, PLEASE ENSURE THAT THE DUTY TEAM LEADER IS MADE AWARE VIA [REDACTED]	
<p>MEDICAL EMERGENCY</p> <p>In the event of a medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Alert a clinician by activating the panic button & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> First Aid Kit – <i>Behind Reception & Staff Rest Room</i> Emergency Drugs – <i>Behind Reception</i> Emergency Oxygen Pack – <i>Reception Corridor</i> AED (Defib) – <i>Reception Corridor</i> If requested by the clinician or, if no clinician is on-site call an ambulance via 999 (Press 9 to dial an outside line i.e. 9999) Support the clinician where requested and if you can Inform the duty Team Leader Record patient details and information of the incident Complete a Datix for the incident Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if this is required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Ensure that you and your colleagues are safe, evacuate the area if required taking the red emergency folder where possible Activate the security alarm under your desk by pressing BOTH red buttons at the same time & activation SOS button on Shoretel phone The duty Team Leader will attend to support where required If you require Police assistance, dial 999 (Press 9 for an outside line i.e. 9999) Following the incident, please complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> Immediately raise the alarm by activating the nearest fire alarm activation point Direct patients and relatives to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> Main entrance If possible, “and only if you have been trained to do so and without personal risk” attack the fire with the correct fire extinguisher Evacuate the building, taking the blue emergency grab bag with you where possible Report to the duty Fire Marshall at the designated fire assembly point, in the car park adjacent to Elizabeth House. 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where the services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> Contact the duty Team Leader to make them aware of the incident Evacuate the location if required, ensure you take the red emergency folder and contingency mobile phone with you. If possible and if safe to do so, take the clinical equipment (diagnostic boxes, drugs boxes, prescriptions and emergency equipment) with you. Await further instructions from the duty Team Leader via mobile phone If required, patients should be directed to the following location, following agreement from the duty Team Leader; <ul style="list-style-type: none"> Haywood Hospital IUC Treatment Centre Royal Stoke Urgent Care Centre Operational activities will be redirected to; <ul style="list-style-type: none"> Elizabeth House All actions should be recorded in the incident logbook found in the red emergency folder Inform the duty Team Leader of any patients that have been diverted, or of any further information as it becomes available Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	

5.2. Elizabeth House

ELIZABETH HOUSE	AC-02
IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE ON CALL MANAGER IS MADE AWARE VIA	
<p>MEDICAL EMERGENCY</p> <p>In the event of a medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Alert the clinical lead & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards 2. Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> • First Aid Kit – Kitchen • AED (Defib) – Main call centre 3. If requested by the clinician or, if no clinician is on-site calling an ambulance via 999 (Press 9 for an outside line i.e. 9999) 4. Support the clinician where requested and if you can 5. Inform the duty Team Leader 6. Record patient details and information of the incident 7. Complete a Datix for the incident 8. Following the incident please return all equipment to its storage location, and arrange for any equipment to be replenished if required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Ensure that you and your colleagues are safe, and evacuate the area if required taking the red emergency folder where possible 2. Contact the duty team leader for assistance 3. If you require Police assistance, please dial 999 (Press 9 for an outside line i.e. 9999) 4. Following the incident complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Immediately raise the alarm by activating the nearest fire alarm activation point 2. Direct staff and visitors to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> • Main Entrance 3. If possible “and only if you have been trained to do so and without personal risk” attack the fire with the correct fire extinguisher 4. Evacuate the building, taking the blue emergency grab bag with you where possible 5. Report to the duty Fire Marshall at the designated fire assembly point, in the car park adjacent to Unit 8 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Contact the on-call manager to make them aware of the incident 2. Evacuate the location if required, ensure that you take the blue emergency grab bag and contingency mobile phone with you. 3. Await further instructions from the on-call manager via mobile phone 4. All actions should be recorded in the incident logbook found in the red emergency folder 5. Inform the on-call manager of any further information as it becomes available 6. Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	

5.3. Arun House

ARUN HOUSE	AC-03
IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE ON CALL MANAGER IS MADE AWARE VIA	
<p>MEDICAL EMERGENCY</p> <p>In the event of a medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Alert the clinical lead & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> First Aid Kit – Kitchen AED (Defib) – Main call centre If requested by the clinician or, if no clinician is on-site calling an ambulance via 999 (Press 9 for an outside line i.e. 9999) Support the clinician where requested and if you can Inform the duty Team Leader Record patient details and information of the incident Complete a Datix for the incident Following the incident please return all equipment to its storage location, and arrange for any equipment to be replenished if required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Ensure that you and your colleagues are safe, and evacuate the area if required taking the red emergency folder where possible Contact the duty team leader for assistance If you require Police assistance, please dial 999 (Press 9 for an outside line i.e. 9999) Following the incident complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> Immediately raise the alarm by activating the nearest fire alarm activation point Direct staff and visitors to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> Main Entrance If possible “and only if you have been trained to do so and without personal risk” attack the fire with the correct fire extinguisher Evacuate the building, taking the blue emergency grab bag with you where possible Report to the duty Fire Marshall at the designated fire assembly point, at the end of car park next to roundabout 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> Contact the on-call manager to make them aware of the incident Evacuate the location if required, ensure that you take the blue emergency grab bag and contingency mobile phone with you. Await further instructions from the on-call manager via mobile phone All actions should be recorded in the incident logbook found in the red emergency folder Inform the on-call manager of any further information as it becomes available Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	

5.4. Royal Stoke UCC

ROYAL STOKE UCC	AC-04
IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE DUTY TEAM LEADER IS MADE AWARE VIA EXT NO. [REDACTED]	
<p>MEDICAL EMERGENCY</p> <p>In the event of medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Alert a clinician & request their immediate assistance by activating the crash alarm behind reception and in each consultation room. 2. Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> • First Aid Kit – Reception • Emergency Drugs – Consultation Room • Emergency Oxygen Pack – Reception • AED (Defib) – Reception 3. Support the clinician where requested and if you can 4. Inform the duty Team Leader 5. Record the patient details and information of the incident 6. Complete a Datix for the incident 7. Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Ensure that you and your colleagues are safe, evacuate the area if required taking the red emergency folder where possible 2. Contact security via the CCTV Control room via extension no. 75999 3. If you require Police assistance, please dial 999 (Press 9 for an outside line i.e. 9999) 4. Following the incident, please complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Immediately raise the alarm by activating the nearest fire alarm activation point 2. If the fire identified is in an immediate vicinity of the emergency department, a full evacuation of the centre will be required 3. Direct patients and relatives to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> • Main entrance • Fire Exit – Staff Toilet 4. If possible “and only if you have been trained to do so and without personal risk” attack the fire with the correct fire extinguisher 5. Evacuate the building, taking the red emergency folder with you where possible 6. Report to the Lead Fire Marshall at the designated fire assembly point, in front of Child Development Centre 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where the services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Contact the duty Team Leader to make them aware of the incident 2. Evacuate the location if required and ensure that you take the red emergency folder and contingency mobile phone with you. If possible and if it is safe to do so, take the clinical equipment (diagnostic boxes, drugs boxes, prescriptions, and emergency equipment) with you. 3. Await further instructions from the duty Team Leader via mobile phone 4. If required, patients should be directed to the following location, following agreement from the duty Team Leader; <ul style="list-style-type: none"> • Haywood Hospital IUC Treatment Centre • Staffordshire House IUC Treatment Centre • Operational activities will be redirected to; • Staffordshire House 5. All actions should be recorded in the incident logbook found in the red emergency folder 6. Inform the duty Team Leader of any patients that have been diverted, or any further information as it becomes available 7. Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	

5.5. Haywood IUC Treatment Centre

HAYWOOD HOSPITAL IUC TREATMENT CENTRE	AC-05
IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE DUTY TEAM LEADER IS MADE AWARE VIA EXT NO. [REDACTED] 012008	
<p>MEDICAL EMERGENCY</p> <p>In the event of a medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Alert a clinician & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> First Aid Kit – <i>Behind Reception</i> Emergency Drugs – <i>Consultation Room</i> Emergency Oxygen Pack – <i>Behind Reception</i> AED (Defib) – <i>Behind Reception</i> If requested by the clinician or if there is no clinician on-site, please call an ambulance via 999 (Press 9 for an outside line i.e. 9999) Support the clinician where requested and if you can Inform the duty Team Leader Record the patient details and information of the incident Complete a Datix for the incident Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> Ensure you and your colleagues are safe, evacuate the area if required taking the red emergency folder where possible Contact security on [REDACTED], press 9 for an outside line If you require Police assistance, please dial 999 (Press 9 for an outside line i.e. 9999) Following the incident complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> Immediately raise the alarm by activating the nearest fire alarm activation point Direct patients and relatives to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> Walk in Centre Entrance If possible “and only if you have been trained to do so and without personal risk” attack the fire the correct fire extinguisher Evacuate the building, taking the red emergency folder with you where possible Report to the duty Fire Marshall at the designated fire assembly point, in the car park adjacent to the hospital entrance 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> Contact the duty Team Leader to make them aware of the incident Evacuate the location if required and ensure that you take the red emergency folder and contingency mobile phone with you. If possible and if safe to do so, take the clinical equipment (diagnostic boxes, drugs boxes, prescriptions, and emergency equipment) with you. Await further instructions from the duty Team Leader via mobile phone If required, patients should be directed to the following location, following agreement from the duty Team Leader; <ul style="list-style-type: none"> Staffordshire House IUC Treatment Centre Royal Stoke Urgent Care Centre All actions should be recorded in the incident logbook found in the red emergency folder Inform the duty Team Leader of any patients that have been diverted, or any further information as it becomes available Following the incident, please return all equipment and arrange for any equipment to be replenished if required 	

5.6. Cannock IUC Treatment Centre

CANNOCK IUC TREATMENT CENTRE	AC-06
<i>IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE DUTY TEAM LEADER IS MADE AWARE VIA EXT NO. [REDACTED]</i>	
MEDICAL EMERGENCY	
In the event of a medical emergency in the centre, the following process should be followed;	
<ol style="list-style-type: none"> Alert a clinician & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> First Aid Kit – Consultation Room 6 Emergency Drugs – Consultation Room 6 Emergency Oxygen Pack – Consultation Room 6 AED (Defib) – Consultation Room 6 If requested by the clinician or, if no clinician is on-site calling an ambulance via 999 (Press 9 for an outside line i.e. 9999) Support the clinician where requested and if you can Inform the duty Team Leader Record the patient details and information of the incident Complete a Datix for the incident Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished if required 	
SECURITY INCIDENT – (Violent Patient/Suspect Package)	
In the event of a security incident in the centre, the following process should be followed;	
<ol style="list-style-type: none"> Ensure that you and your colleagues are safe, and evacuate the area if required taking the red emergency folder where possible Activate security via Bleep [REDACTED] or external number [REDACTED] If you require Police assistance, dial 999 (Press 9 for an outside line i.e. 9999) Following the incident complete a Datix and discuss any concerns with the duty Team Leader 	
FIRE	
If you discover a fire, the following process should be followed;	
<ol style="list-style-type: none"> Immediately raise the alarm by activating the nearest fire alarm activation point Direct patients and relatives to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> Turn left and exit via the hospital entrance and across the footbridge Turn right out of GP suite and through the door at the end of the corridor If possible “and only if you have been trained to do so and without personal risk” attack the fire with the correct fire extinguisher Evacuate the building, taking the red emergency folder with you where possible Report to the duty Fire Marshall at the designated fire assembly point, in the car park opposite the hospital 	
BUSINESS CONTINUITY INCIDENT	
In the event of an incident where services cannot operate from their normal location, the following process should be followed;	
<ol style="list-style-type: none"> Contact the duty Team Leader to make them aware of the incident Evacuate the location if required, and ensure you take the red emergency folder and contingency mobile phone with you. If possible and if safe to do so, take the clinical equipment (diagnostic boxes, drugs boxes, prescriptions and emergency equipment) with you. Await further instructions from the duty Team Leader via mobile phone If required, patients should be directed to the following location, following agreement from the duty team leader; <ul style="list-style-type: none"> Tamworth IUC Treatment Centre All actions should be recorded in the incident logbook found in the red emergency folder Inform the duty Team Leader of any patients that have been diverted or, if any further information as it becomes available Following the incident return all equipment to its storage location and arrange for any equipment to be replenished if required 	

5.7. Tamworth IUC Treatment Centre

TAMWORTH IUC TREATMENT CENTRE	AC-07
IN THE EVENT OF AN INCIDENT PLEASE ENSURE THAT THE DUTY TEAM LEADER IS MADE AWARE VIA EXT NO. [REDACTED]	
<p>MEDICAL EMERGENCY</p> <p>In the event of a medical emergency in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Alert a clinician & request their immediate assistance. If there is no clinician on-site, please follow step 3 onwards 2. Collect the following emergency equipment from its storage location; <ul style="list-style-type: none"> • First Aid Kit – Reception • Emergency Drugs – Reception • Emergency Oxygen Pack – Reception • AED (Defib) – Reception 3. If requested by the clinician or, if no clinician is on-site call an ambulance via 999 (Press 9 for an outside line i.e. 9999) 4. Support the clinician where requested and if you can 5. Inform the duty Team Leader 6. Record the patient details and information of the incident 7. Complete a Datix for the incident 8. Following the incident, please return all equipment to its storage location and arrange for any equipment to be replenished, if required 	
<p>SECURITY INCIDENT – (Violent Patient/Suspect Package)</p> <p>In the event of a security incident in the centre, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Ensure that you and your colleagues are safe, and evacuate the area if required taking the red emergency folder where possible 2. Contact Security via extension no. [REDACTED] on the Trust phone 3. If you require Police assistance, dial 999 (Press 9 for an outside line i.e. 9999) 4. Following the incident, please complete a Datix and discuss any concerns with the duty Team Leader 	
<p>FIRE</p> <p>If you discover a fire, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Immediately raise the alarm by activating the nearest fire alarm activation point 2. Direct patients and relatives to evacuate the building using the nearest fire exit. The nearest fire escape is via; <ul style="list-style-type: none"> • End of the corridor to the right of Reception 3. If possible “and only if you have been trained to do so and without personal risk” attack the fire the correct fire extinguisher 4. Evacuate the building, taking the red emergency folder with you where possible 5. Report to the duty Fire Marshall at the designated fire assembly point, in the car park adjacent to the hospital 	
<p>BUSINESS CONTINUITY INCIDENT</p> <p>In the event of an incident where services cannot operate from their normal location, the following process should be followed;</p> <ol style="list-style-type: none"> 1. Contact the duty Team Leader to make them aware of the incident 2. Evacuate the location if required, and ensure you take the red emergency folder and contingency mobile phone with you. If possible and if safe to do so, take the clinical equipment (diagnostic boxes, drugs boxes, prescriptions, and emergency equipment) with you. 3. Await further instructions from the duty Team Leader via mobile phone 4. If required, patients should be directed to the following location, following agreement from the duty team leader; <ul style="list-style-type: none"> • Cannock IUC Treatment Centre 5. All actions should be recorded in the incident logbook found in the red emergency folder 6. Inform the duty Team Leader of any patients that have been diverted or, if any further information as it becomes available 7. Following the incident return all equipment to its storage location, and arrange for any equipment to be replenished if required 	

6. Vocare EPRR Plan Action Card's – Version 2.1 January 2019

6.1. Action Card 1 – Incident Commander

INCIDENT COMMANDER

Who is this? – a senior operational manager delegated by the EXECUTIVE

Accountable to – EXECUTIVE

Purpose –

- Operational management of the incident
- Decides on the operational response
- Defines the solutions agreed by the INCIDENT Command Group
- Directs briefings for partners and staff

1. Act as SILVER COMMANDER. Check the cascade has happened.

Wave 1 - Management on Call Smart Numbers & Contacts		
National Manager On-call	██████████	
UCD Operations Director	██████████	
Medical Director	██████████	
Director of Nursing	██████████	

2. Discuss with the Gold Commander to determine whether or not the incident warrants the declaration of an internal incident:
 - **NO:** then an appropriate management plan must be agreed and relayed to those implementing it.
 - **YES:** inform the manager/s for the affected area that an internal incident will be declared

Wave 2 – Senior Team Members	Contact Number
Managing Director	██████████
Director of Commercial Finance	██████████
Director IM&T	██████████
Deputy Director of Operations	██████████
Deputy Director of Nursing	██████████
Head of Resilience	██████████
Regional Director: North Region	██████████
Medical Director: North Region	██████████
Clinical Director, North Region	██████████

3. Designate staff to the following roles and brief them via their action cards in this plan: note action cards 2 and 3 are information roles which can be carried out by other members of the team: The Intelligence Officer finds out about the event, the Briefings Officer creates briefings for staff and external players ready.

Action Card	Role	Who nominated
Action Card 1	Incident Commander	
Action Card 2	Intelligence Officer	
Action Card 3	Briefings Officer	
Action Card 4	Response team members - operational	
Action Card 5	Response team members – professional/clinical	
Action Card 6	IT/telephony specialist card	
Action Card 7	Executives Card	
Action Card 8	Loggist	

NB: there are also action cards 9 Regional Director and 10 - Local Service Manager.

4. Report to the Gold Commander and confirm objectives for the incident once sufficient intelligence on the incident exists. These will normally be:
 - the saving of life
 - maintenance of safe clinical practice and critical service provision
 - the protection of Vocare staff, assets, and finances
 - co-operation with other responders under the Civil Contingencies Act
 - warning and informing the public.
5. Work towards a solution using the Joint Decision Model, using guidance from pages 14 to 16 in EPRR plan:



6. Establish via the Operational Team Card a line of reporting to places affected by the incident regular operational updates from the Site Management team
7. Consider spare capacity as appropriate.
8. Liaise with NHS Ambulance control or use information from them to identify any key stand-by hospitals and ascertain bed availability / triggers for transfer
9. Facilitate accelerated discharge and social care support
10. Agree an action plan for the suspension or cancellation of services and review at regular intervals with clinical/professional team member
11. If it is necessary to consider the closure of services, or if services are not operational, discuss with Gold Commander for discussion with commissioners
12. Determine any necessary cordons for services using Lockdown policy if necessary
13. Ensure the cause of the incident is being investigated further by senior managers from the appropriate area, co-opting as appropriate (e.g. clinical leads, IT, facilities managers)
14. Allocate a senior manager to liaise with the principal external agencies where these have on-site command functions if no contact made
15. Establish the impact of the incident using the Incident Impact Analysis on page 98 of this plan - ask appropriate clinicians to risk assess patient groups in the affected areas and act on it
16. Consider recovery issues: see recovery checklist page 40. If the incident is large scale, advise the Gold Commander that a separate recovery team responsible to the Gold Commander will need to be set up.
17. Delegate an operational team member to establish any alternative communication needed.
18. Attend meetings with Gold Commander as required, designating a deputy to manage the Silver Team during his or her absence.
19. At the end of the incident, confirm the decision to stand down with the Gold Commander and the issue the "stand down" order clearly and unambiguously, and adequate circulation of that information internally and externally.
20. Conduct a hot debrief and record briefly the main findings in 24 hours (on-call managers if out-of-hours): submit main findings to the Emergency Planning lead or other officer conducting a full debrief – see Section 15 of this plan for a simple guide on how to do that.

6.2. Action Card 2 – Intelligence Officer

INTELLIGENCE OFFICER CARD

Who is this? – a senior manager delegated by the INCIDENT COMMANDER

Accountable to – INCIDENT COMMANDER

Purpose –

- Gathers the information below about the incident
- Reports information gained to the INCIDENT COMMANDER
- Defines the problem
- By defining the problem, suggests solutions
- Acts in other ways to help the INCIDENT COMMANDER

1 Gather information and intelligence: the 5 'W's' and H – who, what, why, where, when and how.	
Assess locally the extent of the impact of disruption has had on:	
Crucial clinical systems required for patient care	
Is public access affected?	
Crucial non-clinical systems?	
Non-critical systems requiring longer term re-provision	
2 Establish the quantity of staff affected	
Ascertain the skill-mix of those staff members who are not available	
Establish whether additional members of suitably skilled employees exist locally who can be redeployed, say from training on the day	
Consider if HR can assist? - could additional short-term staff help – are call-out lists of any use? - Liaise with alternative providers for the provision of temporary staffing including approved agencies	
Consider deployment of staff to assist in secondary issues arising as a result of the	

disruption (e.g. lift trap-ins, flooding on site, moving gas cylinders).	
1. Ascertain & implement alternative systems for replicating the workload locally (e.g. written systems or requests, IT, telephones, use of hand-held radios, runners, audible or visual signals). If appropriate, reassign work tasks accordingly or redeploy temporarily	
Consider the ability of the Organisation to provide patient care safely and a safe workplace	
Paper routines?	
Access technical back-up systems?	
Think – who needs to know about the disruption – communicate it – which patient areas have priority – 111, GP filter, GP out-of-hours, other?	
Can non-affected areas have a re-designated function for essential patient functions?	
Consider whether the disruption to services has affected other local NHS services?	
Could other local NHS services help? Could other non-NHS services help? E.g. local authority, police, fire and rescue	
How soon could suppliers (e.g. gas suppliers, BT) help? How much stock is affected and how long can the organisation survive without it? Are there alternative suppliers?	
2. Ascertain & implement alternative systems for coping with increased demand	
Capacity Management	
Ascertain the cause of the increase in care demands (e.g. infection outbreak, heatwave conditions, etc.)	
Is there a specific plan for this eventuality linked to the Major Incident Plan?	
Is there a specific plan for this eventuality linked to capacity plans?	
Establish whether the increase in care demands is localised to the service.	
If increase in care demands is as a result of infection outbreak, liaise with the Infection	

Control Team to minimise spread of infection cross-organisation via the outbreak policy	
Assess current increase in care demands; urgent vs. non-urgent	
Establish whether the increase in care demands for patients is limited to Vocare or whether other organisations are experiencing similar problems	
Consider requesting additional staffing to aid in the response on site	
If possible, consider diverting patients not affected by the disruption to alternative organisations – this will require the co-operation of the Sector	
Transferring patients; 'First movers' identified: not transferred if already transferred, if likely to be suffering from an infection, or if likely to be confused.	

6.3. Action Card 3 – Briefing Officer

BRIEFING OFFICER

Who is this? – a senior manager delegated by the INCIDENT COMMANDER

Accountable to – INCIDENT COMMANDER

Purpose –

- Completes the information below with the INCIDENT COMMANDER
- Reports on decisions made by the INCIDENT COMMANDER
- Defines the solutions received by the INCIDENT Command Group
- Prepares and delivers briefings for partners and staff

1. Complete this form with the INCIDENT COMMANDER

Decision Log Number	Decision - Date and Time of Decision
1. Identify situation & gather information What is your understanding of what has happened? What do we know so far? What might happen?	
2. Assess threats & risks Do I need to take action immediately? Do I need to seek more information? Where can I get it from? What could go wrong?	
3. Policies & Procedure Which ones have I taken into account	
4. Options & Considerations What options are open to me? Consider immediacy of any risk/threat, limits of information etc.?	

<p>5. Decision & Rationale</p> <p>Decision controls- why are we doing this?</p> <p>What do we think will happen?</p> <p>Do we have a common understanding and position on;</p> <ul style="list-style-type: none"> • Situation • Available information • Terminology • Working practices • Conclusions <p>Is the benefit proportional to the risk?</p>	
<p>6. Review of Decision - Time and result</p>	
<p>Names of People Making Decision</p>	
<p>Name of Person Recording Decision</p>	

2. Prepare these briefs for the organisation and partner organisations below with the Incident Commander and use flexibly in communications out from the Control Centre.

METHANE MESSAGE

Major Incident Declared or Standby:

Exact location of Incident:

Type of Incident:

Hazards involved:

Access (time to arrive at Vocare sites):

Number of patients:

Emergency services involved.....

	SBAR report
S ituation	describe situation/incident that has occurred
B ackground	explain history and impact of incident on services / patient safety
A ssessment	confirm your understanding of the issues involved
R ecommendation	explain what you need, clarify expectations and what you would like to happen
	Ask receiver to repeat information to ensure understanding

See over for Single Situation Report Template

NATIONAL SITUATION REPORT TEMPLATE

NHS England Major Incident Situation Report – SITREP

Use this template to collect and report data when managing major incidents to ensure a consistent methodology and commonly recognised picture across the health community.

Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

Organisation:		Date:	
Name (completed by):		Time:	
Telephone number:			
Email address:			
Authorised for release by (name & title):			

Type of Incident (Name)	
Organisations reporting <u>serious</u> operational difficulties	
Impact/potential impact of incident on services / critical functions and patients	
Impact on other service providers	
Mitigating actions for the above impacts	

Impact of business continuity arrangements	
Media interest expected/received	
Mutual Aid Request Made (Y/N) and agreed with?	
Additional comments	
Other issues	
NHS England local office Incident Coordination Centre contact details: Name: Telephone number: Email:	

6.4. Action Card 4 – Response Team Member Operational

COMMAND TEAM MEMBER - Operational

Who these are – Wave 2 staff member as nominated by any member of the Incident Control Team – clinical background required

Report to – Incident Commander

Purpose – Flexible and proportionate support to incident management.

1. **Nominate local operational leaders in the affected areas and brief them as to the nature and extent of the incident. The areas affected by the incident will determine who those local leaders should be, and some local leaders may be required to support colleagues outside of their normal working area**
2. **Find out what local plans local operational leaders have in place to deal with the problem – See 14. Plan resources Section C for a sample local plan.**
3. **Quickly run through the plan and advise the Silver Commander what resources in the plan are available to manage the incident**
4. **The operational leaders will request SitReps from Bronze leaders to a specification agreed by the Silver Commander**
5. **The Incident Commander will direct operational incident team members.**

Duties may include but are not limited to – and may be added to from the scenario specific information in the plan Appendices and direction from the incident commander:

- Analysis of Plan Resources to ensure action appropriate to the event takes place
- Implementation of alternative communication means eg. WhatsApp
- Co-opting staff and nomination of runners
- Evacuation and cordon control (if applicable)
- Cordon Officer relief
- Liaising with the emergency services (if applicable)
- Liaison with Risk & Safety for HSE/RIDDOR considerations
- Catering arrangements
- Record keeping/decision documentation

Some Silver team members may form part of a Recovery Group

The roles of the Recovery Team may include

Establishing Priorities

- People - patient, staff and visitors' safety and welfare
- Operations - maintaining what is critical
- Protecting the organisation's reputation
- Conforming or varying the recovery time objectives in the

Achieving Priorities

- What will a good outcome look like? What needs to be maintained (as determined by Gold)?
- How do you achieve that?
- What is required to achieve this? (Staff, premises, equipment, supplies, IT, etc.)
- Who needs to be involved?
- Effect on other stakeholders and talking to them to get agreement (Contractors, other healthcare organisations, local authority, etc.)

Programme Management

- Finance
 - Charging for short-notice requests made by commissioners during the incident
 - Insurance claims
 - Potential legal claims
- Contracts
 - Contact and negotiation with commissioners under Section 30 of the NHS Standard Contract
 - Lists of affected patients during service suspensions to commissioners

Communications management

- Staff information management
- Consider contacting doctors' deputising services and other commissioned services.

6.5. Action Card 5 – Response Team Member Professional/Clinical

COMMAND TEAM MEMBER – Professional/Clinical

Who these are – Wave 2 staff member as nominated by any member of the Incident Control Team – clinical/professional background required

Report to – Incident Commander

Role:

- Advise Incident Commander on any clinical or professional aspect of the incident
- Advise on triage where required
- Advise on the return to normal of any clinical service

1. Advise Incident Commander on any clinical or professional aspect of the incident
2. Consider the need to re-deploy staff to increase staffing numbers in any affected clinical areas if required by the incident
3. Advise or assist in any temporary redesign of a clinical service to meet incident needs
4. Advise on triage – see below
5. Lead the team on the consideration of vulnerable patients – either those people who are inherently vulnerable, or those made vulnerable by the circumstances of the incident
6. Make a note of key professional clinical and professional decisions and actions for subsequent reporting and debriefing of the incident.
7. Call professional/clinical assistance of outside agencies as agreed by the Incident Commander
8. Assist the Incident Commander as requested.

In the [UK](#), the commonly used triage system is the [Smart Incident Command System](#), taught on the MIMMS (Major Incident Medical Management (and) Support) training program.^[25] The [UK Armed Forces](#) are also using this system on operations worldwide. This grades casualties from Priority 1 (most urgent) to Priority 4 (expectant, i.e. likely to die).^[26]

- *Dead* - patients who have a trauma score of 0 to 2 and are beyond help
- *Immediate* - patients who have a trauma score of 3 to 10 (RTS) and need immediate attention
- *Urgent* - patients who have a trauma score of 10 or 11 and can wait for a short time before transport to definitive medical attention
- *Delayed* - patients who have a trauma score of 12 (maximum score) and can be delayed before transport from the scene

6.6. Action Card 6 – IT/Telephony Specialist

IT/Telephony member

Who this is - on-call IT manager - technical background required

Report to - Incident Commander

Role:

- Advise Incident Commander on any IT or technical communication aspect of the incident
- Be the technical sorter for IT and technical communications
- Advise on the return to normal of any technical service

1. Advise Incident Commander on any IT or technical communication aspect of the incident
2. Consider the need to re-deploy staff to increase staffing numbers in any affected technical areas if required by the incident
3. Advise or assist in any temporary redesign of a clinical service to meet incident needs
4. Implementation of IT BCP arrangements including PO6 Adastra Plan and 111 National Business Continuity Plan
5. Lead the team on the consideration of vulnerable patients – either those people who are inherently vulnerable, or those made vulnerable by the circumstances of the incident
6. Make a note of key professional IT or technical communication decisions and actions for subsequent reporting and debriefing of the incident.
7. Call professional/clinical assistance of outside agencies as agreed by the Incident Commander
8. Assist the Incident Commander as requested.

6.7. Action Card 7 – Executive Team

GOLD COMMANDER, VOCARE

This is – Managing Director

Deputy - Executive on-call

Supported by – Communications lead

Responsible to – Totally PLC Executive Board

Purpose – Overall responsibility for executive and strategic decisions and external accountability

1. Seek a briefing from Silver Commander as soon as possible, and determine whether a declaration of *internal or major incident* is warranted. The key criteria for this is if the situation cannot be managed by day-to-day arrangements or the Vocare Escalation Plan. Reputation is also key, as is acting with NHS during national escalations: see the NHS England escalation regime attached
2. Be advised by the Silver Commander on the operability of services. Any closure or non-operability will require commissioner notification and involvement.
3. Identify the next Incident Commander shift and forward programme for relief – 4 hours is the absolute maximum
4. Inform the Chief Executive if not already appraised of issues.
5. Be accountable for Silver Commander and prompt any command shift arrangements in conjunction with the Silver Commander
6. Liaise as guided by scenario notes with
 - Commissioners
 - Press
 - Ambulance Service
 - Public Health England if necessary (i.e. involving dangerous substances)
 - Police if terrorism
 - Organisation solicitors if the situation dictates
 - Health and Safety Executive and other external agencies as required.
7. Formulate view with Incident Commander of the need for a separate recovery team and if so establish them as a sub-group of the Silver Team using the Recovery checklist page 37 to programme manage recovery

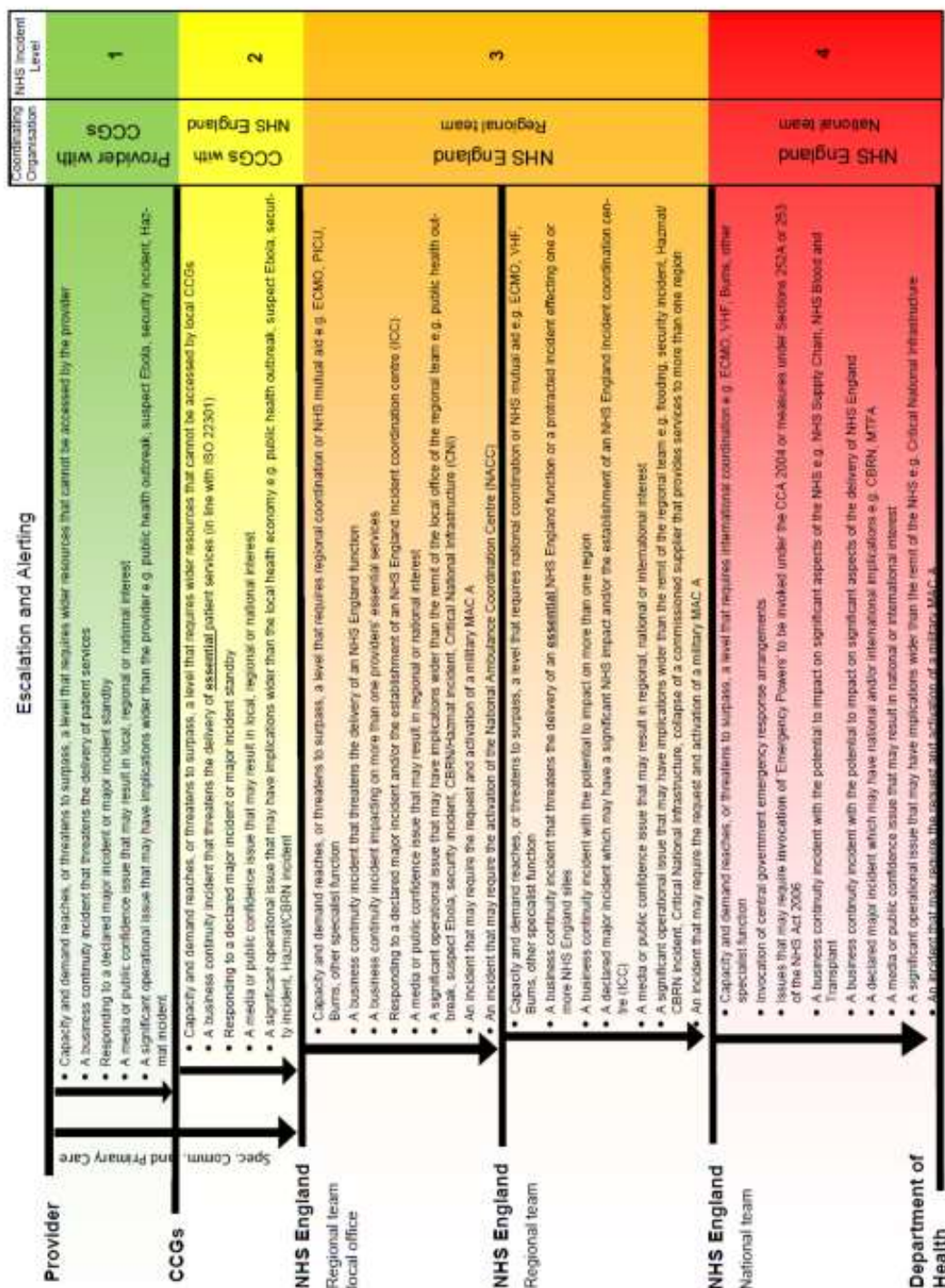
8. Authorise 'urgent and extreme situation measures' in extremis only e.g. fast communications and military-style triage: see Incident Team Member – clinical and professional card.
9. The Gold Commander will confirm the stand down at the end of the incident
10. Commission from the EPRR director/Accountable Emergency Officer a debrief from analysis of the incident log and other evidence to be completed within 72 hours of incident on basis of what worked well and what needs changing.
11. Note the NHS England escalation regime (overleaf)

Strategic advice

- Designate incident management aims and communicate them, especially to the Incident Commander – these will normally be, but may be altered or require additional goals depending on the situation:
 - the saving of life
 - maintenance of safe clinical practice and critical service provision
 - the protection of Vocare staff, assets and finances
 - co-operation with other responders under the Civil Contingencies Act
 - warning and informing the public.

Role review/role relief

- Think of the next shift
- Where do you expect Vocare to be in +4 hours, +8 hours, +24 hours, +3 days, + 1 week
- Remember how tiring the control role is. Identify who is next on shift with the Incident Commander.



6.8. Action Card 8 – Loggist

ACTION CARD 8	
LOGGIST	
Responsible to:	INCIDENT COMMANDER
Location:	VC Room in operation as control centre or dial in
Role:	Logging for your decision maker

1. Go to the Incident Room and report to the Incident Officer or dial into the incident number.
2. You are Logging for your decision maker not for the meeting
3. Locate the Emergency Logbook (Green CWC)
4. Note date, time, place in front cover
5. Find out the names of those present, their job titles and the organization/ department that they represent
6. Draw a diagram of the room/table and note where the people are seated. Make a list of names with initials. Where people have the same initials i.e., DT then it will be necessary to take all three initials. i.e., DET and DIT.
7. Make entries as follows: have two pages open: use the left-hand page to note key events: use the right-hand page to note the action and responses arising out of those events. Ensure that all entries are timed, recorded sequentially.
8. Note the relevant facts
9. Don't make any assumptions/comment/opinion unless based on confirmed facts
10. Entries must be chronological
11. Do not remove pages – Vocare could be called to account for what might have happened
12. Don't leave blank spaces
13. Do not overwrite, instead put a single line through the mistake and initial.
14. Do not use correction fluid.
15. Do not write in the margins unless it's the date and time and initials.
16. Sign and date the log when you have finished.

17. Begin each entry on a new line but ensure there are no complete line gaps between entries. The log may be submitted as evidence a future public inquiry.
18. At the end of your shift, you may handover to someone else, please make sure you hand this action card to them. Ensure they know what arrangements are in place for the storage and retention of all incident records, emails etc.
19. You may be working on a rota to cover 24-hour period. Given the intensity of the work you must ensure that regular breaks are taken to relieve stress and clear the mind.

Post incident action:

1. Collate ALL documentation, drawings, maps, trigger notes, and A/V material pertaining to the incident for hot debrief/lessons to be learnt and future enquiries.

Take time to debrief with your Decision Maker. Agree any amendments and annotate correctly in the Emergency Logbook.

6.9. Action Card 9 – Regional Director

Action Card 9

Regional Director

Deputy - Clinical Services Manager

Responsible to - Incident Commander

Purpose -

- supervision of local response within the region
- provides information on incident and response to Group level

1. Be briefed by the Incident Commander on the nature of the incident
2. Take an overview of all aspects of Vocare response within the region:
 - a. GP out-of-hours
 - b. 111 – there will be key measurable indicators
 - c. Urgent Care Services
 - d. Other
3. Advise on whether the incident is containable within day-to-day management arrangements or the Vocare Escalation Plan; and be clear in your advice: if not, why not
4. Represent the view of Vocare services within the context of emergency response: noting the Civil Contingencies Act responsibilities to co-operate with other responders
5. Alert commissioners locally as to suspension or restriction of services signed off by the Incident Commander. Note that this is not merely a business continuity issue – it is a reputational and contractual issue
6. Communicate any Incident requirements to local staff
7. Advise the Incident Commander on the actions needed to return to business as usual and take a regional lead in any recovery arrangements
8. Hold a Regional debrief on the “what went well/what when less well” model: see Section 15.

6.10. Action Card 10 – Local Service Manager

Action Card 10

Local Service Manager

Responsible to - Regional Manager or Clinical Services Manager

Purpose -

- supervision of local response
- provides information on incident and response to Group level

1. Make contact with the Regional or Clinical Services lead
2. Receive briefings and carry out any functions allocated within the incident
3. If this is a Major Incident, and you are a UCC matched with an A&E, be briefed by the A&E lead clinical and follow the UCC Major Incident Action Card (pages 87)
4. Team Leaders to inform service commissioner in case of 111 service failure: see also guidance in problems section pages 46-50
5. Ensure welfare of staff within the area of responsibility including Security
6. Brief your manager on any requests made to you by external and NHS bodies including the Police: follow all Police instructions
7. Identify any child protection issues with your manager and act on them including unaccompanied children
8. Provide increased capacity to assess and meet early discharges from hospital if required
9. Provide assessment and treatment of evacuated patients including meeting chronic health care needs and arranging medication stocks, or mass treatment/vaccination as guided by national requirement
10. Identify to your manager any issues to get back to normal after the incident
11. Identify any areas of learning from the incident and report to your manager on them.